

DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF SECURITIES
1025 Capital Center Drive, Suite 200
Frankfort, Ky. 40601
1 800 223-2579

APPLICATION FOR RENEWAL OF ISSUER AGENT REGISTRATION

In compliance with Section 292.330 of the Kentucky Revised Statutes, the issuer named below requests renewal of agent registrations for the period of January 1, ____ until December 31, ____.

Name of Issuer: _____

Street Address: _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

On behalf of the issuer, the undersigned respectfully requests renewal of the registration(s) of the issuer agent(s) listed on this form.

Signed by _____ Title _____

NOTE: Attach a renewal fee check (number of agents x \$50.00) to this application. Please make check payable to the Kentucky State Treasurer.

PLEASE LIST BELOW ALL AGENTS FOR WHOM APPLICATION FOR RENEWAL OR REGISTRATION IS REQUIRED. (NO PERSONAL CHECKS ACCEPTED)

SS#	AGENT'S FULL NAME	BUSINESS ADDRESS
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